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The most common causes of obstructed waste pipes are bits of cloth, hair, heavy paper, and other impervious materials thrown into the water-closets, and in the kitchen the lack of a sink strain allows lint and particles of food, particularly tea- and coffee-grounds to enter and clog the waste pipes. It is a common saying that coffee-grounds are the plumber's best friends.

In the daily routine care of the household plumbing it should be borne in mind that the filth which comes from neglect is a fruitful source of disease, affording excellent culture media for the multiplication of all kinds of bacteria. Unclean bathtubs and wash basins are especially dangerous in diseases of the skin and eyes, while foul kitchen sinks are large contributors to the spread of typhoid fever, tuberculosis, and diphtheria.

OPHTHALMIA NEONATORUM

By HELENE F. MOLCHIN

Graduate Lakeside Training School, Chicago; Former Nurse in Charge, Chicago Eye and Ear Hospital

THIS disease is a purulent conjunctivitis appearing from a few hours to the third day after birth and characterized by a discharge of thick, greenish-yellow pus. Untiring effort, watchfulness, and patience form the trinity that finally spells success in the combat against this dread infection, and all the more so inasmuch as the nurse usually has two patients on her hands and with each must guard against the danger of reinfection.

When nursing ophthalmia neonatorum, whether in hospital or private homes, it is absolutely necessary that all utensils and dressings used in the care thereof be kept separate. This is easily managed both in city and country practice and requires, if there is no lavatory in the home or if it be too far removed from the patient, two ordinary hand basins, one in which to scrub and the other for an antiseptic solution, soap, handbrush and towels; then a small pan or basin deep enough to hold the hot water bath for the boric acid flush, two of the ordinary jelly glasses, one for the flush, the other for a solution in which the eye droppers may be kept. The dressings necessary are small cotton pads cut two or three inches square and used to catch the water and discharge while the eyes are being flushed, and sponges are needed to complete the frequent treatments. These last are best made by dipping a small square or piece of cotton in water,—sterile,—rolling it between the palms

until conical at each end, and then squeezing dry with palm and fingers of one hand. This can be done rapidly, makes good firm sponges for cleansing the eyes from adherent mucus and pus without leaving any irritating shreds of cotton to add to the inflammation already present, while superfluous moisture due to flushing is also absorbed.

Orders for treatment as a rule read: "Give boric flush every half hour, night and day; use antiseptic as directed, also atropine solution." The antiseptic ordered is usually some soluble silver salt,—argyrol being given preference now, but protargol is also used,—the amount ordered in the treatment depends on the strength. If percentage is high the drop method is used, otherwise the eyes are flushed with it and so left until the next cleansing is due, after which it is not used again for one or more hours as the case may be. This last is only done, however, when a weak solution is ordered. The use of atropine is indicated if the pupils are narrow. We were taught that its action here prevented adhesions of the iris.

The work demands absolute thoroughness and cleanliness. Its frequent occurrence will more or less disturb baby's tranquillity, even digestion, but these must be secondary considerations so long as eyesight is at stake. So have the dressing table always equipped and ready, having protected well the piece of furniture used for this purpose, and underneath have a newspaper for soiled dressings. While you scrub, the boric is placed in the warm water bath (use at 98° to 100° F. unless ordered otherwise) and finally we are ready for actual work. Whether we stand at the head of the couch or cot where baby is lying or hold it on our laps, the arms and legs must be well secured by wrapping about the little body a light washable coverlet. Support the head with palm and three fingers of left hand, inclining it so all matter will discharge from outer canthus; with the thumb and forefinger of this hand hold the eye well open and flush with right hand. Steady the thumb by pressure on the cheek bone and the forefinger well against or under the arch of the eyebrow, for *never* must any pressure be made on the eyeball nor must we allow a squirming baby to let this improvised speculum slip, for the infection causes the eye to become soft or macerated and pressure will cause rupture of the ball with consequent escape of crystalline lens, leaving a deformed and sightless eye.

Never allow the solutions used to run from one eye to the other, neither is it necessary to touch the eyes with the dropper; only do not allow flush to come from too great height and always test temperature by trying a dropperful on inner side of your forearm. Indeed, if the work is done quietly and firmly, solutions neither too hot nor too cold,

it is surprising how well this manœuvring can be accomplished and baby be asleep. Atropine is usually used three or four times a day. Incline the head after having used it, allowing it to run out, and, while using, hold the tear duct shut so that none is swallowed. Avoid stains from silver solution by folding a soft old cloth under baby's head and then burn all soiled dressings.

As the discharge lessens, the intervals of treatment are lengthened, and then we must guard against being over-zealous and not disturb too often. Sometimes even with most conscientious work there will be one or more small opacities of the cornea, but as the little one grows and strengthens these absorb, and statistics show that when cases are taken in time vision is not lost.

Observe every precaution when baby is nursing, protecting the mother and bed with liberal pads of old soft cloth, and teach the mother never to come in contact with the discharge, disinfecting her hands if inadvertently done.

Baby's eyes are the first care and when the hand points the half hour, whether giving bath or rub or setting the tray, we must journey toward the brush and hand basin. Of course if the mother's case is complicated, it will be necessary to have two nurses, and in any case there is plenty of work even if infection begins to yield in a few days, but with system it can be done and well done. One can even find time to wash all diapers and flannels if necessary. The mother's room need not be neglected, and last, but not least, we can find time to sprinkle her tray with the rose leaves that have fallen from her bouquet, and there is always time for some good laughs besides.

The treatment for an adult is practically the same. Sometimes dressings are done every fifteen minutes, which is none too often, and often ice compresses and continuous irrigation with some mild antiseptic are ordered, to be given three or four times a day.

MILK PUDDINGS *

ALMOST any farinaceous food obtainable may be made into a good pudding with proper cooking, milk, eggs, sugar, flavoring, and a little ingenuity. Any of the innumerable preparations of oats, corn, wheat,

* In response to a request from a nurse in India for receipts for milk puddings, Miss Hamman has kindly furnished the above. The writer asked for recipes of puddings not in general use which explains the omission of those made of rice, tapioca, Indian meal and bread.